

Quarterly Doses Administered Report

For Local Health Department's Privately Purchased Vaccines*

(required by Bureau of Financial Audit)

1. VFC PIN #

2. Provider or Clinic Name:		Phone #:	
Name of Person Submitting Form:		Quarter /Year:	
3. I certify under penalty of law that the below information is true.		Signature:	
		Date:	

4. Total Number of Immunization Visits or Encounters

Age	<1	1-6	7-18	>18	Total
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5. Total Number of Doses Administered

Age	DTaP	DT	Td	Tdap	DTaP/ HepB /IPV	DTaP /HIB	HIB	IPV	MCV4	MMR	Hep B Ped	Hep B Adult	Hep B /HIB	Hep A Ped	Hep A Adult	Var	MMRV	PCV7	PPV23	Flu	RTV	HPV	Total
<1																							
1-6																							
7-18																							
>18																							
Total																							

*Only for vaccines equivalent to vaccines available through the Utah Department of Health Immunization Program.

→ See Instructions on Back

Form 4F 01/07

**Instructions for Completing the
Quarterly Doses Administered Report
For Local Health Department's Privately Purchased Vaccines**

Complete and submit this form to the Utah Immunization Program within 15 days following the end of each quarter.

1st quarter:	<i>January, February, March</i>	Due April 15th
2nd quarter:	<i>April, May, June</i>	Due July 15th
3rd quarter:	<i>July, August, September</i>	Due October 15th
4th quarter:	<i>October, November, December</i>	Due January 15th

1. Enter VFC Pin #. (Verify if unsure of correct number.)
2. Print the name of clinic, phone number, quarter and year of this report, and name of the person completing this form.
3. Read the attestation statement, sign and date.
4. On the Total Number of Immunization Visits or Encounters table, enter the number of individuals who received vaccines, *counted by visit/encounter*, in the proper age category. **Total** the row.
5. On the Total Number of Doses Administered table, enter the number of doses administered by age and vaccine type. **Total** each row and column.

**Use of Doses Administered *Tally Sheet* is Optional.
Please do NOT return *Tally Sheets*.**

Mail or fax the Quarterly Doses Administered Report to:

Utah Department of Health
Immunization Program
PO Box 142001
Salt Lake City, UT 84114-2001
(801) 538-9450
FAX: (801) 538-9440